

DEPARTMENT OF JUVENILE JUSTICE

2004:01272

(heither front 3-9-04

NOTIFICATION TO
PEPARTMENT OF JUVENILE JUSTICE
REGARDING
ARTMENT OF CHILDREN AND FAMILIES

TITUTIONAL ABUSE INVESTIGATIONS

Warning: The information contained in this report is confidential. You are hereby notified that dissemination, distribution, or copying of this document is strictly prohibited, unless authorized by the Department of Juvenile Justice, Residential and Correction Facilities, South Region

| To: Ramona Salazar | Phone: (561) 616-1576 |
|----------------------|--|
| Fax: (561) 616-1562 | Suncom: 256-1562 |
| Date: 3-1-04 | |
| From: Emily | Title: CPIS |
| County! Sraw | The state of the s |
| Telephone No. 254 | |
| Name of Pacility: 7 | impson Academy |
| Alleged Perpetratori | |
| Name of Juvenile; | FPSS No: |
| Date of Allegation: | 25-04 Time: . 8: 5-6 pm |
| Comments: | . <u></u> |
| Lim on the Floor | MR. Dukas puncted child in the Jawa |
| reading out love | As stack was leaving another youth laughed. |
| 1/13/02 | iA Inc. Reporting Form |
| RESIDENTIAL SER | ES 1756 N. CONGRESS AVENUE, 101, WEST PALM BEACH, FL 33409 |
| JEB BUSH, GOVERNOR | WILLIAM G. "BILL" BANKHEAD, SECRETARY |

Sut you'll be city later. As a BROWARDSHERIFFORIS PAGE 03/03

Sustained scratches on the right side of his face.

He has small becomes on the right side of his face. One

Bruise is on his tower theek.

DEPARTMENT OF JUVENILE JUSTICE RESIDENTIAL AND CORRECTIONAL FACILITIES. SOUTH RECION

-MANAGEMENT REVIEW FORM:

TO: Jerry Blanton RCF- South Region

FROM: Jasir Diab

YSI - Thompson Academy

DATE: 3/03/04

OIG CASE #:

DATE OF INCIDENT: 2/26/04

DATE INCIDENT REPORTED: 2/26/04

SUBJECT: Management Review on: (Abuse call made by youth)

SYNOPSIS OF INCIDENT/COMPLAINT/ALLEGATION:

On 2/25/04 at approximately 8:35 pm youth was placed on the telephone to speak with the abuse registry after handing Mark Hite, AFA a grievance. The report was given to Lisa ID # 5091 by youth Pierre regarding alleged physical abuse by staff Alfred Dukes on 2/24/04 at approximately 7:45pm.

After review of all applicable incident reports, witness statements and PAR report, it was determined that on 2/24/04 at approximately 7:45pm staff Alfred Dukes entered youth room and asked him multiple times to stop talking and attempted to take the book away from the youth. According to staff statements the youth snatched away from Mr. Dukes at which time he was restrained. According to youth Mr. Dukes had stated that he was going to make him cry. Mr. Dukes ran into the room, grabbed and slammed his head to the floor and then punched him. Youth stated to Mr. Dukes that he was going to write a grievance and this is when Mr. Dukes proceeded to push his head on the floor even harder. Youth stated that he told Mr. Dukes he could not breathe at which time Mr. Dukes placed his hand over mouth. At this time Shift Supervisor Greg Minnis arrived on the unit and found Mr. Dukes restraining youth Youth was then examined by the RN. After examining youth the RN treated the youth for a small cut on the forehead and minor scratches.

sheet is provided to you, to have the following identified information and documents submitted to your Program Monitor in conjunction with the submission of the Management Review for this Incident, Note: Management Review must be submitted to Program Monitor within five days after the incident, Program Name; Regional Comments for follow up response: OIG Number Date of Incident: Subject (s): Brief Description of Incident: Hetoby - con do h dication of Object wox derambable sounder to DRHEAD (CSA) Child Safety Assessment Number: Alguse/Negleot Data Form; EASE INCLUDE WI Management Review/ Substantiated Findings/ Corrective Action: (IDS) Investigation Decision Summary Report

The Residential & Correctional Facilities South Region Office received the following report. This tracking

11/13/03

15 5

FINDINGS:

- Youth was restrained by Youth Counselor Dukes and as a result received a small cut to his forehead and minor scratches.
- Youth.
 made a call to the Abuse Hot-Line, and his call was accepted.
- Broward Sheriff's Officer and Child Protective Investigator came out to the facility and interviewed and several witnesses
- Youth Counselor Dukes did not have cause to restrain youth
- Youth Counselor Dukes did not call for staff support as directed by supervisors and training

CONCLUSION:

Youth Counselor Dukes did not follow the PAR Matrix during the incident with youth Youth actions did not warrant Youth Counselor Dukes initiating any type of restraint. The level of force used by Youth Counselor Dukes was inappropriate.

CORRECTIVE ACTION TAKEN:

- Youth Counselor Dukes employment was terminated by YSI.
- Staff will receive additional program training on 3/6/04 and 3/7/04.
- Shift Supervisors will receive additional training on how to investigate incidents and restraints.
- Staff will receive refresher training on PAR

Allegation / Classification

Findings

Action

DEPARTMENT OF JUVENILE JUSTICE OFFICE OF THE INSPECTOR GENERAL BUREAU OF INVESTIGATIONS Incident/Complaint Report Form Electronic Version for "B" List Reports

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|------------------------------|---|-----------|--------------------------------------|----------------------|----------------------|--|
| Faoiilly/Program/Office Name | | County | | O.I.G. Cas | O.I.G. Case Number | |
| 1 | 7 | Sou | th | | | |
| Circuit # | | Region | | Bran | Branoh | |
| Reporting Person/Title: | Mark Hite / Assistant Facility Administrator | | Local Telephon (954) 967-6300 | | Com# N/A | |
| Contact Person/Title | Jasir Diab / Facility Administrator | | (954) 967-6300 | | N/A | |
| | | | Time Email Sent | | 2330 hrs | |
| | | | fime of Incident | | Approx. 1500 | |
| Specific Place/Loc | eation of Occurrence: | akes Uni | Room 7 | | | |
| needed for staff (| , reporting persons must in (subjects only) on the follow itions (physical and sexual | wing type | her a JJIS # or a s of incidents; | SSN. SSN employee | l is also arrests | |
| Name of Complaina | nt(s) Position/Title | Level | #SILL/NSS | Race/Sex | D.O.B | |
| | | | | | | |

O. I. G. Case Number

| Name of Viotim(s) | Position/Title Client/ Committed | Level 6 | SSN/JJIS# | Race/Sex B/M | D,Ó,B, |
|-------------------------------------|--|------------|-----------|-----------------|-------------------|
| Name of Subject(s) Alfred Duke | Position/Title Youth Counselor | Level | SSN/JJIS# | Rece/Sex B/M | D.O.B. 11/8/76 |
| Name of Witness(es) Magdalene Hinds | Position/Title Youth Counselor | Level | SSN/JJIS# | Race/Sex B/F | D.O.B. |
| | | 6 | | B/M | |
| | Committed Youth | 6 | | W/M | |

Detailed Background Narrative of Incident/Complaint:

On 2/25/04 at approximately 8:35 pm youth was placed on the telephone to speak with the abuse registry after handing Mark Hite, AFA a grievance. The report was given to Lisa ID # 5091 by youth regarding alleged physical abuse by staff Alfred Dukes on 2/24/04 at approximately 7:45pm.

After review of all applicable incident reports, witness statements and PAR report, it was determined that on 2/24/04 at approximately 7:45pm staff Alfred Dukes entered youth room and asked him multiple times to stop talking and attempted to take the book away from the youth. According to staff statements the youth snatched away from Mr. Dukes at which time he was restrained. According to youth Mr. Dukes had stated that he was going to make him cry. Mr. Dukes ran into the room, grabbed and slammed his head to the floor and then punched him. Youth stated to Mr. Dukes that he was going to write a grievance and this is when Mr. Dukes proceeded to push his head on the floor even harder. Youth stated that he told Mr. Dukes he could not breathe at which time Mr. Dukes placed his hand over mouth. At this time Shift Supervisor Greg Minnis arrived on the unit and found Mr. Dukes restraining

Immediate Action Taken/Current Status of Situation:

Staff Alfred Dukes was placed on administrative leave without pay on 2/25/04 pending the outcome of the CPI and internal investigation. The situation is still under investigation by BSO, CPI and the facility.

Individuals/Agencies Notified:

| Name | Contact Person | Date | Time |
|------------------------------------|----------------------------|---------|---------|
| Law Enforcement (LE) | John Wolf, BSO | 2/26/04 | 1:31 pm |
| If LE contacted: | Case number: BSO4-02-12234 | | |
| DJJ Regional Director | | | |
| DJJ Security Chief | | | |
| DJJ Contract Monitor | Jerry Blanton | 2/26/04 | 4:20 pm |
| Abuse Registry (abuse operator #) | Lisa ID # 5091 | 2/25/04 | 8:35pm |
| State Attorney | | | |
| Judge | | | |
| Circuit Manager | . , | | |
| JPO | | | |
| Other · | Eric Gallon (YSI Corp.) | 2/26/04 | 10:30pm |
| Child Protective Investigations | Investigator Halaby, | 2/26/04 | 1:31pm |
| | Case # 04-324183 | | |

O. I. G. Case Number

| For Escapes | |
|--|----------|
| (A) Committing Offense(s): | |
| (B) Home City and County: | |
| (C) Law Enforcement Home City and County Notified? | ∏No |
| (D) Staff/Juvenile Ratio; | |
| For Arrests of Employees | |
| (A) Did Arrest Occur During Official Work Time? | □No |
| (B) Did Arrest Occur While Employee in State/Provider Vehicle? | □Yes □No |
| (C) Was Employee in State/Provider Uniform? ☐Yes ☐No | |
| (D) Was the State/Provider ID Misrepresented? | □No |
| (E) How Long Has Person Been Employed? | |
| (F) What is Employee's Disciplinary History? | |

The Residential & Correctional Facilities South Region Office received the following report. This tracking sheet is provided to you, to have the following identified information and documents submitted to your Program Monitor in conjunction with the submission of the Management Review for this Incident,

Note: Management Review must be submitted to Program Monitor within five days after the incident.

| Program Name: | and alter the thomest, |
|---|--|
| THOMPSON ACADEMY | Regional Comments for follow up response: |
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| ······································ | - 3/16/04 mespoke to Br Hote (1:19 pm) |
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| (CSA) Child Safety Assessment Number: | 3/19/201 - 50 |
| - VW1 DX11005. | 2/19/04 - dubmitted proud signatura |
| Abuse/Neglect Data Form: | |
| PLEASE INCLUDE IN MANIACOOMERIT | |
| REVIEW REVIEW | Management Review/ Substantiated Findings/ |
| | 4/30 Forrective Action: |
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| (IDS) Investigation Decision Summary Report | Long please promole A/N Data Form |
| - Control Stituliary Report | lixed other back up into. |
| | Colores Coloron Para 1-6-64 |
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